Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Corporati on Skilled No Yes 88

************	****	******************	*****	************	******	******************	******
Services Provided to Non-Residents	,	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	42. 2 33. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5. 6	More Than 4 Years	24. 4
Day Servi ces	No	Mental'Illness (Org./Psy)	14. 4	65 - 74	15. 6		
Respite Care	Yes	Mental Illness (Other)	14. 4	75 - 84	27. 8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43. 3	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	7.8	Full-Time Equivalen	t
Congregate Meals	No	Cancer	5. 6			Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	4. 4		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	14. 4	65 & 0ver	94. 4	[	
Transportation	No	Cerebrovascul ar	10. 0			RNs	13. 4
Referral Service	No	Di abetes	5. 6	Sex	%	LPNs	7. 0
Other Services	No	Respi ratory	12. 2			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	18. 9	Male	34. 4	Aides & Orderlies	38. 7
Mentally Ill	No			Female	65. 6		
Provide Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
************	****	*******************	*****	*******	******	*************************	******

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Priv		ri vate	vate Pay		Managed Care			Percent	
			Per Die	m	Per Diem		Per Diem			Per Diem		_	Per Diem	Of All			
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	33. 3	\$400.00	1	1. 1%
Skilled Care	12	100.0	\$252.00	59	92. 2	\$103.59	0	0.0	\$0.00	11	100.0	\$141.50	2	66. 7	\$220.00	84	93. 3%
Intermedi ate				5	7.8	\$85. 29	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	5	5. 6%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Traumatic Brain Inj	. 0	0. 0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	12	100.0		64	100. 0		0	0.0		11	100.0		3	100.0		90	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assi stance of % Totally Percent Admissions from: Activities of Number of Private Home/No Home Health 5.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 2.7 Bathi ng 1.1 **55. 6** 43.3 90 Other Nursing Homes 0. 5 Dressi ng 13. 3 54. 4 32. 2 90 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 89.8 Transferring 32. 2 28.9 90 38. 9 25.6 37.8 36.7 90 0.0 Toilet Use 90 0.0 Eating 61. 1 22. 2 16. 7 \*\*\*\*\*\* Other Locations 1. 1 Total Number of Admissions 186 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 16. 7 3.3 Private Home/No Home Health 22. 2 Occ/Freq. Incontinent of Bladder 71. 1 1. 1 Private Home/With Home Health 15. 1 Occ/Freq. Incontinent of Bowel 36. 7 1. 1 Other Nursing Homes 6. 5 1. 1 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 33.0 Mobility 2. 2 Physically Restrained 1.1 33.3 0.0 0.0 Other Locations 7.0 Skin Care Other Resident Characteristics Deaths 16. 2 With Pressure Sores 1. 1 Have Advance Directives 63.3 Total Number of Discharges With Rashes 0.0 Medications Receiving Psychoactive Drugs (Including Deaths) 185 46.7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		0wn	ershi p:	Bed Size:		Li ce	ensure:		
	Thi s		pri etary		- 99	Ski l	led	Al l	
	Facility		Group		_	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 8	83. 7	1. 17	86. 6	1. 13	87. 0	1. 12	84. 5	1. 16
Current Residents from In-County	33. 3	75. 1	0. 44	69. 4	0.48	69. 3	0. 48	77. 5	0. 43
Admissions from In-County, Still Residing	6. 5	18. 7	0. 34	19. 5	0. 33	22. 3	0. 29	21.5	0. 30
Admi ssi ons/Average Daily Census	211. 4	152. 8	1. 38	130. 0	1.63	104. 1	2. 03	124. 3	1. 70
Discharges/Average Daily Census	210. 2	154. 5	1. 36	129. 6	1.62	105. 4	1. 99	126. 1	1.67
Discharges To Private Residence/Average Daily Census	78. 4	<b>59</b> . 1	1. 33	47. 7	1. 65	37. 2	2. 11	49. 9	1. 57
Residents Receiving Skilled Care	94. 4	90. 6	1.04	89. 9	1.05	87. 6	1. 08	83. 3	1. 13
Residents Aged 65 and Older	94. 4	<b>95.</b> 0	0. 99	95. 4	0. 99	93. 4	1. 01	87. 7	1.08
Title 19 (Médicaid) Funded Residents	71. 1	<b>65</b> . <b>4</b>	1. 09	68. 7	1.04	70. 7	1. 01	<b>69</b> . <b>0</b>	1.03
Private Pay Funded Residents	12. 2	23. 2	0. 53	22. 6	0. 54	22. 1	0. 55	22. 6	0. 54
Developmentally Disabled Residents	0. 0	0. 8	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally III Résidents	28. 9	31. 4	0. 92	35. 9	0.80	37. 4	0. 77	33. 3	0.87
General Medical Service Residents	18. 9	23. 2	0. 81	20. 1	0. 94	21. 1	0. 89	18. 4	1.02
Impaired ADL (Mean)	<b>52.</b> 0	48. 9	1.06	47.7	1. 09	47. 0	1. 11	49. 4	1.05
Psychological Problems	46. 7	44. 1	1.06	49. 3	0. 95	49. 6	0. 94	50. 1	0. 93
Nursing Care Required (Mean)	7. 1	6. 5	1. 08	6. 6	1. 08	7. 0	1. 01	7. 2	0. 99